MAIL' '(Y G IN	` • IS TRUCTIONS: This for	m should be used for tr	PART B—ISSU					NSC 103CIP	
All funther co entered in B	orrespondence including lock 1 unless you direct ESS" for maintenance fe	the Issue Fee Receipt, otherwise, by: (a) spec	the Patent, advan- ifying a new corres	ce orders and n pondence addr	otification of ma ess in Block 3 b	aintenance elow; or (b)	fees will be mailed to providing the PTO	o addressee	
1. CORRESPO	ONDENCE ADDRESS	T U	<u> </u>		2. INVENTOR(S	S) ADDRESS C	HANGE (Complete only if	there is a change)	
			JUN 1 7 19	996	INVENTOR'S N		ì	<u></u>	
By					City, State and ZIP Code				
•	JOSEPH A.		CO-INVENTOR'S NAME						
BENMAN COLLINS & SAWYER					Street Address				
•	620 HANSEN WAY SUITE A					City, State and ZIP Code			
à		. CA 943Ø4			City, State and	ZIP Code	5	Vision	
	• • • • • • • • • • • • • • • • • • •	Total Brand Br			☐ Check i	f additional c	hances are on reverse	· · · · · · · ·	
SERIES C	ODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EX	L AMINER AND GI	ROUP ART U	INIT	DATE MAILED	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		I				· · · · · · · · · · · · · · · · · · ·	
	08/265,391	<u>06/24/94</u>	Ø 32	HONG.	5		2413	2 Ø6/12/96	
First Name				11 <u>_11_11_31_4</u> ;	*			<u> </u>	
Applicant	n LEWIS, SCOTT W								
FITLE OF NVENTION							•	• .	
. TO LANGE		SYSTEM FOR N OVER A NET))					TIMEDIA BANDWIDTH		
	ATTY'S DOCKET NO	. CLASS-SUBCLAS	S BATCH NO.	APPLN. TYPE	SMALL	ENTITY	FEE DUE	DATE DUE	
.ec	YAS103CIF	n mmmik	ET 4 CHONG	Add Hi	TI TTV	VES	ተረግሞ መመ	መስጥ / 4 ጥ / ጥ /	
<u>.e.</u> ;	: JHOTMOTIL	<u></u>	<u>54.000</u>	<u> </u>	ILITY	YES_	<u>\$625.00</u>	<u>09/12/96</u>	
			•	* ***		-			
					•				
3. Correspondence address change (Complete only if there is a change)					4. For printing on the patent front page, list the names of not more than 1 Benman Collins & Sawyer 3 registered patent attorneys or agents OR, alternatively, the name of a firm				
•		•		_	a member a regis r agent. If no nan		2	 	
					vill be printed.				
							3		
060	JS 07/24/96 08	3265391	DO NOT (JSE THIS SPACE 42	625.00 CK		•		
						·			
	NT DATA TO BE PRINTED ON	THE PATENT (print or type)							
(1) NAME OF		stems Corporat	tion .	•	6a. The following fe	es are enclose	d:		
Multimedia Systems Corporation (2) ADDRESS: (CITY & STATE OR COUNTRY) San Jose, California					Solution Solution				
	ball buse, Cal	TIOLIIIa			_		harged to: R	<u>-</u>	
					(ENCLOSE PA	RT C)			
A. This application is NOT assigned.					☐ Issue Fee ☐ Advance Order - # of Copies ☐ Any Deficiencies in Enclosed Fees				
	nt previously submitted to the P	atent and Trademark Office.							

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

The COMMISSIONER OF PATENTS AND TRADEMARKS is

(Authorized Signature)

requested to apply the Issue Fee to the application identified above.

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party ib interest as shown by the records of the Patent and Trademark Office.

(Date) 7/11/96

directed to Box ASSIGNMENTS.

an assignment.

Assignment is being submitted under separate cover. Assignments should be

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent.

Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing

Certificate of Mailing

₹ .

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

July 11, 1996

(Date)

Joseph A. Sawyer, Jr.

(Name of person making deposit)

(Signature)

July 11, 1996

(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.